

ISSUE SLIP STAPLE HERE (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	EWV/TA		02/15
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	TL	EN	04/03/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7/24/01
2	✓	✓	8/14/01
3	✓	✓	8/14/01
4	✓	✓	8/14/01
5	✓	✓	8/14/01
6	✓	✓	8/14/01
7	✓	✓	8/14/01
8	✓	✓	8/14/01
9	✓	✓	8/14/01
10	✓	✓	8/14/01
11	✓	✓	8/14/01
12	✓	✓	8/14/01
13	✓	✓	8/14/01
14	✓	✓	8/14/01
15	✓	✓	8/14/01
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46	✓	✓	8/14/01
47	✓	✓	8/14/01
48	✓	✓	8/14/01
49	✓	✓	8/14/01
50	✓	✓	8/14/01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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